2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2007
Secretary of State

DOCUMENT# L99000006949

Entity Name: BIOLIFE, L.L.C.

Current Principal Place of Business:

1235 TALLEVAST ROAD
SARASOTA, FL 34243

New Principal Place of Business:

Current Mailing Address:

1235 TALLEVAST ROAD
SARASOTA, FL 34243

New Mailing Address:

FEI Number: 65-0959147 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOODMAN, DOUGLAS R
1235 TALLEVAST ROAD
SARASOTA, FL 34243 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ENTENMAN, CHARLES
Address: 68 MAPLE AVE.
City-St-Zip: BAYSHORE, NY 11706

Title: MGRM ( ) Delete
Name: THOMPSON, JOHN
Address: 68 MAPLE AVE.
City-St-Zip: BAYSHORE, NY 11706

Title: MGRM ( ) Delete
Name: GOODMAN, DOUGLAS R
Address: 1235 TALLEVAST ROAD
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ENTENMAN, CHARLES
Address: P.O. BOX 612
City-St-Zip: BRIGHTWATERS, NY 11718

Title: MGRM (X) Change ( ) Addition
Name: THOMPSON, JOHN
Address: P.O. BOX 612
City-St-Zip: BRIGHTWATERS, NY 11718

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHELE SLINGLUFF CFO 04/12/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date